

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/214,206

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			21			
TOTAL CLAIMS			24			

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS